# State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW										
Department Office/Division/Program:				DHHS / Maine CDC / HETL						
Department Contract Administrator or Grant Coordinator:			Chris Moiles/Ryan Roberts							
(If applicable) Department Reference #:			CD0-20-5450A							
(Contract/Amendment/Grant) Amend		Original: \$52,00 Amend: \$77,00 New Total: \$129,0	00.00	Advantage CT / RQS #:		20190628*3990				
CONTRACT	Pr	oposed Start Date:	-		Proposed End Date:					
AMENDMENT	Original Start Date: Previous End Date:		7/1/19		Effective Date: New End Date:		3/10/21			
GRANT		Project Start Date:			Grant Start Date:					
GRAINT	Project End Date:				Grant End Date:					
Vendor/Provider/Grantee Name, City, State:			Stericycle, Inc. Carol Stream, IL							
Brief Description of Goods/Services/Grant:			Bio Medical Waste/Sharps Disposal							

PART II: JUSTIFICATION FOR VENDOR SELECTION							
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)							
	A. Competitive Process		G. Grant				
X	B. Amendment		H. State Statute/Agency Directed				
X	C. Single Source/Unique Vendor		I. Federal Agency Directed				
	D. Proprietary/Copyright/Patents		J. Willing and Qualified				
	E. Emergency		K. Client Choice				
	F. University Cooperative Project	Х	L. Other Authorization: COVID-19				

### **PART III: SUPPLEMENTAL INFORMATION**

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this amendment is to increase funding to support the significantly increased level of waste disposal associated with COVID-19 response. The Health and Environmental Testing Laboratory (HETL) is a generator of Biomedical waste (viral culture, bacterial agar plates, TB specimens, human blood, urine, feces, CSF) which must be removed from the facility on a regular basis. These services are critical because HETL

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#### PART III: SUPPLEMENTAL INFORMATION

does not have the ability to process and store such waste. Due to COVID-19, the level of waste disposal has increased. As such, this amendment is necessary to increase funding for waste disposal to continue.

## 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

HETL requires routine (minimum weekly) pick-up of biomedical waste as HETL does not have the infrastructure to store a large quantity of biomedical waste. Currently, Stericycle is the only company in the nation licensed to transport and destroy Ebola waste, and is also more likely to handle other emerging infection diseases in the future.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Several years ago, HETL negotiated with OXUS (local company from Pittsfield) fair and reasonable pricing for this service. These costs were lower than the previous provider. Stericycle recently purchased OXUS and they agreed to hold the previously negotiated pricing. When compared to last year's agreement, costs are the same.

4. Describe the plan for future competition for the goods or services.

As Stericycle is the only vendor licensed to transport and destroy Biomedical waste, at this time, for the current volume of waste, HETL does not intend to RFP this service at this time. In the event another vendor becomes licensed to perform these services in the New England geographic region, HETL will reevaluate the possibility of an RFP at that time.

	PART IV: APPROVALS	
Signature of requesting Department's Commissioner (or designee):	By signing below, it signify that I approv	re of this procurement request.
Printed Name:	( Doll of	Date: 13 - Dec - 20
Signature of DAFS Procurement Official:	Kathy Paquette	
Printed Name:	──41C2BA36FAF44CD Kathy Paquette	<b>Date:</b> 5/13/2021